FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FEC FORM 3X

Rev. 12/2004

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Office Use Only TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. องรักษาไป แก้กระบังกระบัง กระชาการใ PRIOGRIESS CONNIECTICUT 12,3,0,1,5,2 ADDRESS (number and street) Check if different than previously 10,6,1,2,31 reported. (ACĆ) H, A, R, T, F, O, R, D, CT CITY A STATE A ZIP CODE FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** C 0,0,5,2,0,0,0 OR (A) REPORT (N) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) רסייסון (וארייאר in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-**Election General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of [0 0 0] / [Y 0 Y 0 Y Y Y] Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer DEREK E DONNELLY Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office

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